Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

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		' STATE DÉPARTM	ENT OF HEALTH SFOND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)			HAULER OF WASTE (Must be filled by hauler) 999000730
Pick up Address: 5/5/ ALCOR AVE. VERNON (ALIF			ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 Pick Up:
Telephone Number 213,588 6141 P.O. or Contract No.: +A 187556			Pick Up:Time:upm
Order Placed By: J. HERON Date: 6-30-79			
Type of Process which Produced Waster FUNINUM FABRICATORS (Examples: metal plating, equipment cleaning, oil drilling — code No. wastewater treatment, pickling bath, petroleum refining)			Job No.:No. of Loads or Trips:Unit No
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Acid solution Alkaline solution	6. Tetraethyl lead sludge	11. Contaminated soil and sand 12. Cannery waste	SIGNATURE OF AUTHORIZED AGENT AND TITLE
3. Pesticides	7. Chemical toilet wastes 8. Tank bottom sediment	13. Latex waste	DISPOSER OF WASTE (Must be filled by disposar) TITLES, INC.
4. Paint sludge	9. Oil	14. Mud and water	Name (print or type):
5. Solvent	10. Drilling mud	15. Brine	Name (print or type): Site Address: Name (print or type): Ave. Site Address: Site Address:
Other (Specify) Other (Specify) Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
organics (list), cyanide)	BIS (IISC), OPP	er Lower % ppm	Quantity measured at site (if applicable):State fee (if any):
1.			Handling Method(s):
			□ recovery
			treatment (specify): [EXAMPLES: INCINERATION, NEUTRELIZATION, PRECIPITATION] CODE NO.
			disposal (specify): pond spreading landfill injection well
			other (specify):
·			If waste is held for disposal elsewhere specify final location:
6.			Disposal Date:
			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume:	00 🗆 gai 🗆 tons 🗆	barrels (42 gal.) Other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (NUMBER)	drums cartons	bags Other TANK	$\mathcal{O}_{\mathcal{V}}$
Physical State:	□ solid liquid	sludge other (SPECIFY)	
Special Handling Instructions	(if any):	HONE -	
The waste is described to the applicable).	best of my ability and it was delive		
I certify (or declare) under pe that the foregoing is true and		F. Pelicke	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
	▼ <u>-</u>	The state of the s	D O T. Proper Shipping Name